

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>10/038291</i>	FILING DATE <i>3/3/84</i>		
						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	
1						51		1	
2						52		1	
3						53		1	
4						54		1	
5						55		1	
6						56		1	
7						57		1	
8						58		1	
9						59		1	
10						60		1	
11						61			
12						62			
13						63			
14						64			
15						65			
16						66			
17		1				67			
18			1			68			
19			1			69			
20			1			70			
21			1			71			
22			1			72			
23			6			73			
24			6			74			
25			6			75			
26		1				76			
27			1			77			
28			1			78			
29			1			79			
30			1			80			
31			1			81			
32			1			82			
33			1			83			
34			1			84			
35			1			85			
36			1			86			
37			1			87			
38			1			88			
39			1			89			
40			1			90			
41			1			91			
42			1			92			
43			1			93			
44			1			94			
45			1			95			
46			1			96			
47			1			97			
48			1			98			
49			1			99			
50			1			100			
TOTAL IND.			4			TOTAL IND.	4		
TOTAL DEP.			55			TOTAL DEP.	55		
TOTAL CLAIMS			59			TOTAL CLAIMS	59		